



Hudson Headwaters Health Network  
Sliding Fee Discount Rate Schedule

Annual Income Ranges 2020

	up to 100%	up to 125%	up to 150%	up to 175%	up to 200%	over 200%
Family Size	CATEGORY E	CATEGORY F	CATEGORY G	CATEGORY H	CATEGORY I	CATEGORY J
1	\$0-12,760	\$12,761-15,950	\$15,951-19,140	\$19,141-22,330	\$22,331-25,520	> or = \$25,521
2	\$0-17,240	\$17,241-21,550	\$21,551-25,860	\$25,861-30,170	\$30,171-34,480	> or = \$34,481
3	\$0-21,720	\$21,721-27,150	\$27,151-32,580	\$32,581-38,010	\$38,011-43,440	> or = \$43,441
4	\$0-26,200	\$26,201-32,750	\$32,751-39,300	\$39,301-45,850	\$45,851-52,400	> or = \$52,401
5	\$0-30,680	\$30,681-38,350	\$38,351-46,020	\$46,020-53,690	\$53,691-61,360	> or = \$61,361
6	\$0-35,160	\$35,161-43,950	\$43,951-52,740	\$52,741-61,530	\$61,531-70,320	> or = \$70,321
7	\$0-39,640	\$39,641-49,550	\$49,551-59,460	\$59,461-69,370	\$69,371-79,280	> or = \$79,281
8	\$0-44,120	\$44,121-55,150	\$55,151-66,180	\$66,181-77,210	\$77,211-88,240	> or = \$88,241
9	\$0-48,600	\$48,601-60,750	\$60,751-72,900	\$72,901-85,050	\$85,051-97,200	> or = \$97,201
10	\$0-53,080	\$53,081-66,350	\$66,351-79,620	\$79,621-92,890	\$92,891-106,160	> or = \$106,161
Medical	\$0	\$5	\$10	\$15	\$20	NO DISCOUNT
*Pharmacy	\$0	\$5	\$10	\$15	\$20	NO DISCOUNT
Imaging Partners	\$10	87%	78%	69%	60%	NO DISCOUNT
Dental	\$10	\$23	\$33	\$43	\$53	NO DISCOUNT

Pharmacy Discount up to \$350/prescription

Maximum Monthly Income Ranges

Family Size	CATEGORY E	CATEGORY F	CATEGORY G	CATEGORY H	CATEGORY I	CATEGORY J
1	\$1,063.33	\$1,329.16	\$1,595.00	\$1,860.83	\$2,126.66	> or = \$2,126.67
2	\$1,436.66	\$1,795.83	\$2,155.00	\$2,514.16	\$2,873.33	> or = \$2,873.34
3	\$1,810.00	\$2,262.50	\$2,715.00	\$3,167.50	\$3,620.00	> or = \$3,620.01
4	\$2,183.33	\$2,729.16	\$3,275.00	\$3,820.83	\$4,366.66	> or = \$4,366.67
5	\$2,556.66	\$3,195.83	\$3,835.00	\$4,474.16	\$5,113.33	> or = \$5,113.34
6	\$2,930.00	\$3,662.50	\$4,395.00	\$5,127.50	\$5,860.00	> or = \$5,860.01
7	\$3,303.33	\$4,129.16	\$4,955.00	\$5,780.83	\$6,606.66	> or = \$6,606.67
8	\$3,676.66	\$4,595.83	\$5,515.00	\$6,434.16	\$7,353.33	> or = \$7,353.34
9	\$4,050.00	\$5,062.50	\$6,075.00	\$7,087.50	\$8,100.00	> or = \$8,100.01
10	\$4,423.33	\$5,529.16	\$6,635.00	\$7,740.83	\$8,846.66	> or = \$8,846.67
Medical	\$0 MINIMUM	\$5	\$10	\$15	\$20	NO DISCOUNT

If you have questions, need an application or help filling it out, contact our Sliding Fee Program staff by phone, 518-824-8640, or by email, SFPRxAssist@hhhn.org